Evaluation Date	

This evaluation MUST be completed for ALL persons before admission into an ICF in accordance with 42 CFR 456.370		
Name of applicant	Service Coordination Agency (SCA)	
Current location of applicant: Residential Home Nursi	 ing Facility	
Reason for evaluation:	Other (explain)	
Previous DD-3 Yes No If yes, Date of Evaluation:		
Demographics		
Date of Birth:/ Month Day Year Per documentation does the individual have a Legal Guardian? If yes complete the following: a. Contact Name	Age: Gender M F Yes No	
Last: First:	MI:	
b. Contact Address c. Contact Phone Number	end Other:	
l. Relevant History:		
A. Developmental Hx:		
B. Medical Hx:		

Evaluation Date	

l.	Rel	evant History (Continued):	
	C.	Mental Health Hx:	
	О.		
	D.	Results of previous Psychological Evaluations:	
II. (Current	Status:	
		Physical/Sensory Deficits	
		, , ,	
	В.	Medications (type, frequency, dosage)	
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Evaluation Date

II. Current Status (continued):	
C. Current Behaviors	
 Self-care (refers to such basic activities such as age appropriate grooming, dressing, toileting, feeding, bathing, and simple meal preparation): 	
 Receptive or expressive language (communication) refers to the age appropriate ability to communicate by any means whether verbal, nonverbal/gestures, or with assistive devices). 	
3. Functional Learning (age appropriate functional academics)	
 Mobility (motor skills) refers to the age appropriate ability to move one's person from one place to another with or without mechanical aids. 	
5. Self-direction refers to the age appropriate ability to make choices and initiate activities, the ability to choose an active lifestyle or remain passive, and the ability to engage in or demonstrate an interest in preferred activities.	
 Capacity for independent living encompasses sub-components that are age appropriate for home living, socialization, leisure skills, community use, health and safety, and employment. 	

Evaluation Date	

	rrent Evaluation	
A.	Intellectual/Cognitive:	
	1. Instruments used:	
	1. Instruments used.	
	2. Results:	
	3. Discussion:	
В.	Adaptive Behavior:	
	•	
	1. Instruments used:	
	1. Instruments used.	
	2. Results:	
	3. Discussion:	
C.	Achievement/Other	
	1. Instruments used:	
	2. Results:	
	z. nesuits.	
	3. Discussion:	
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Evaluation Date	
Evaluation Date	

III.	Current Evaluation (Continued):	
	D. Autism Screening (when warranted)	
	E. Developmental Summary	
IV.	Active Treatment	
	A. Active Treatment	
	1. Able to take care of most personal care needs.	□Yes □No
	2. Able to understand simple commands.	□Yes □No
	3. Able to communicate basic needs and wants.	□Yes □No
	4. Able to be employed at a productive wage level without systematic long term supervision or support.	□Yes □No
	5. Able to learn new skills without aggressive and consistent training.	□Yes □No
	6. Able to apply skills learned in a training situation to other environments or settings without aggressive and consistent training.	□Yes □No
	7. Able to demonstrate behavior appropriate to the time, situation or place without direct supervision.	□Yes □No
	8. Demonstrates severe maladaptive behavior(s) which place the person or others in jeopardy to health and safety.	□Yes □No
	9. Able to make decisions requiring informed consent without extreme difficulty.	□Yes □No
	10. Identify other skill deficits or specialized training needs which necessitates the availability of trained ID personnel, 24 hours per day, to teach the person to learn functional skills.	
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ICF/IID Psychological	Evaluation	(DD-3)
West Virginia		-

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Evaluation Date	

V. Diagnosis		
AXIS I:		
AXIS II:		
AXIS III:		
AXIS IV:		
AXIS V: Current GAF:		
Highest in the past year:		
ICD-10 Diagnosis:		
VI. Prognosis		
VII. ICF/IID Recommendation		
•		
Based on the findings of this assessment, I have		
care and active treatment provided in an "INTER! Intellectual Disability and/or Related Condition.	MEDIATE CARE FACILITY" for persons with an	
intenestual bisability ana/or related condition.	W	
	Yes No	
Supervised Psychologist		
Signature/Date	Printed Name	
Licensed Psychologist	•	
Signature/Date	Printed Name	